

State of ALABAMA
EtHMORE County

Exhibit - A

MARCH 20 2006

From: Tony Fountain #152157
Unit: E3-22

To: Warden Leon Forniss

IN RE: In Adequate Medical
Attention.

COMPLAINT

Warden, Forniss I am Filing this Complaint against the Health Care Unit and Requesting your assistance in investigating this matter. MR. Forniss on February 20th 2006 I signed-up for sick-call as a result of seeing Blood in my stool. On or about March 1, 2006 I were scheduled to go to health care unit for "lab" work in which blood was drawn from my arm. Warden Forniss I have yet to see the doctor as of this date and I have been constantly monitoring myself while going to the Restroom to defecate. And have been experiencing the same fore said symptoms such as: On Feb. 20, 06 around 9:30 a.m. I noticed

blood in my stool, Feb. 21, 06 I notice the same Feb. 22, 06 there was no signs of blood (7:55 P.M), Feb. 24, 06 I spotted blood around 11:00 A.M and again about 8:55 P.M.. March 1, 06 again around 3:55 A.M, March 10 06, nine days later and 12th, 13th of 06 I spotted blood in my stool during the A.M. hours. MR. Farniss, I have a good reason to be concern about my health, because the symptoms that I am experiencing is a question on the health care providers questionnaire they ask during our (inmates) annual physical check-up. Therefore it's got to be a serious problem in other words they wouldn't ask whether or not we ever spotted blood in our stool.

ON MARCH 2nd 06 the health care unit had theirs three \$3.00 dollars Co-payment deduct from my P.M.D. I account. My point being on October 31, 05 I signed up to see the Eye doctor, because I am having problems seeing words when reading, they deducted their \$3.00 Co-payment on November 4, 05 and I have yet to see the Eye doctor or nurse as of this date. Warden, Farniss I don't

have a problem with paying the health care Co-payment, but when I'm faced with the cost of service that was never rendered only then when the Co-payment becomes a factor.

WARDEN, FARNISS I'm posing this question to you. "Why should I keep signing up for Sick-Call Complaining about the same symptoms only to be SCREEN by the nurse?"

Could it be I'm being fleeced out of my Funds prior to Ever seeing a doctor?

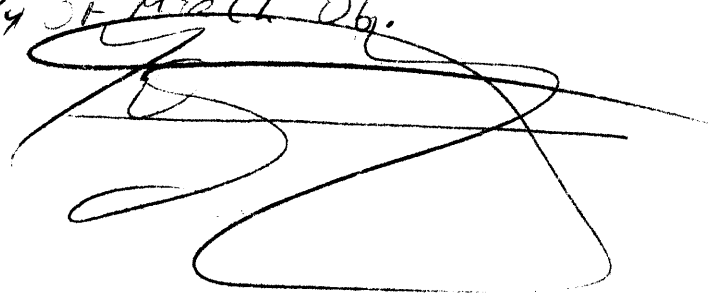
In other words are we being charged the full amount that it would cost to see a doctor in the free world. Such as to get as much money they (Health care unit) can get out of a individual before he can see the doctor here. WARDEN, FARNISS I'm aware of the fact that the doctor we have here now was sent from Tutwiler do to his failure to provide the women adequate medical treatment, and the doctor we had here was transferred

Zutwiler along with most of his staff's.

Warden, Forniss the symptoms I'm experiencing is not the result of no homosexuality, I'm not gay nor do I participate in such activity. Those peoples over to health care unit seems to associate the symptoms I'm complaining with that you can rest for sure I don't play that.

Any and all assistance you can provide will be appreciated by me.

Done this 20th day of March 06.

A large, stylized handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke.

**Prison Health Services
Inmate Informal Grievance**

Tony Fountain 152157 E3-22 3-20-06
NAME AIS # UNIT DATE

PART A--Inmate Complainant

ON 2-20-06, I signed up to see the doctor and was scheduled to see him work on 3-1-06. I have yet to hear the results of my 126 work up of this date. I have been seeing 131501 in my stool, this got to be a serious problem. Please it is one of the questions you'll ask during our (interviews) physical check (annually) on the questionnaire form. You'll have with you your co-payment from my A.M.B. account but I have yet to get my medical attention as of this date. I don't have problem with co-payment to the point you'll don't provide with the medical attention I'm seeking.

INMATE SIGNATURE

PART B --RESPONSE

DATE RECEIVED

MEDICAL STAFF SIGNATURE

DATE

If resolution has not occurred and you wish to file a formal grievance you may request a grievance form from the Health Services Administrator. Return the completed grievance form to the Health Service Administrator.

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>